

Please mark the correct boxes that apply to your unit



nDay express UNIT SHEET

Date

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Center-Code

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Unit-Code

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1. Total number of beds in hospital

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2. Total bed capacity of the unit

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3. Number of registered inpatients at noon

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4. Main specialty (choose only one)

<input type="radio"/> Internal Medicine / General	<input type="radio"/> Surgery / General
<input type="radio"/> Internal Medicine / Cardiology	<input type="radio"/> Surgery/ Cardiac/Vascular/Thoracic
<input type="radio"/> Internal Medicine / Gastroenterology & hepatology	<input type="radio"/> Surgery / Neurosurgery
<input type="radio"/> Internal Medicine / Geriatrics	<input type="radio"/> Surgery / Orthopedic
<input type="radio"/> Internal Medicine / Infectious diseases	<input type="radio"/> Trauma
<input type="radio"/> Internal Medicine / Nephrology	<input type="radio"/> Ear Nose Throat (ENT)
<input type="radio"/> Internal Medicine / Oncology (incl. radiotherapy)	<input type="radio"/> Gynecology / Obstetrics
<input type="radio"/> Interdisciplinary	<input type="radio"/> Pediatrics
<input type="radio"/> Long term care	<input type="radio"/> Psychiatry
<input type="radio"/> Neurology	<input type="radio"/> Others

5. Number of each type of staff in the unit for today's morning shift

Medical doctors

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Nurses

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6. Is there a dietician, nutritionist or dietetic assistant available for your unit? Yes No

7. How do you MAINLY screen/monitor patients for malnutrition? (choose only one answer per column)

At admission	During hospital stay
<input type="radio"/> No routine screening	<input type="radio"/> No routine monitoring
<input type="radio"/> No fixed criteria	<input type="radio"/> No fixed criteria
<input type="radio"/> Experience / visual assessment only	<input type="radio"/> Experience / visual assessment only
<input type="radio"/> Weighing / BMI only	<input type="radio"/> Weighing / BMI only
<input type="radio"/> Nutritional Risk Screening (NRS) 2002	<input type="radio"/> Other formal tool
<input type="radio"/> Malnutrition Universal Screening Tool (MUST)	<input type="radio"/> Other formal tool
<input type="radio"/> Malnutrition Screening tool (MST)	<input type="radio"/> Other formal tool
<input type="radio"/> SNAQ	<input type="radio"/> Other formal tool
<input type="radio"/> Other formal tool	<input type="radio"/> Other formal tool
<input type="radio"/> Please specify:	<input type="radio"/> Please specify:

8. When do you routinely weigh your patients? (mark all that apply)

<input type="checkbox"/> at admission	<input type="checkbox"/> Within 48 hours	<input type="checkbox"/> Every week	<input type="checkbox"/> When requested
<input type="checkbox"/> Within 24 hours	<input type="checkbox"/> Within 72 hours	<input type="checkbox"/> Occasionally	<input type="checkbox"/> At discharge
			<input type="checkbox"/> Never

9. What do you do to support adequate food intake of patients? (mark all that apply)

<input type="checkbox"/> Offer additional meals or in between snacks	<input type="checkbox"/> Ensure that mealtimes are undisturbed/protected mealtime policy
<input type="checkbox"/> Offer meal choices	<input type="checkbox"/> Promote positive eating environment
<input type="checkbox"/> Offer different portion sizes	<input type="checkbox"/> Consider cultural/religious preferences
<input type="checkbox"/> Consider food presentation	<input type="checkbox"/> Consider patient allergies / intolerances
<input type="checkbox"/> Change food texture/consistency as needed	<input type="checkbox"/> Other
<input type="checkbox"/> Consider patient problems with eating and drinking	

THANK YOU!